



Patent Application  
Attorney Docket No. 47004.000040

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of: )  
Kevin BOYLE, et al. ) Group Art Unit: 3625  
Serial No.: 09/325,536 )  
Filed: June 4, 1999 )  
)

For: CREDIT INSTRUMENT AND SYSTEM WITH AUTOMATED PAYMENT OF CLUB,  
MERCHANT, AND SERVICE PROVIDER FEES

Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

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GROUP 3000

NOTICE OF APPEAL

Applicant hereby appeals to the Board of Patent Appeals and Interferences the final rejection (mailed January 21, 2004) of claims 1-3 and 5-28 in the above-captioned patent application.

The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 50-0206.

Respectfully submitted,



\_\_\_\_\_  
By: \_\_\_\_\_

David H. Milligan  
Registration No. 42,893

Dated: March 24, 2004

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DHM/cbt



3 Apr 3625  
Patent

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TRANSMITTAL LETTER

REC

Mail Stop AF  
Commissioner for Patents  
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MAR 29 2004

GROU

Sir:

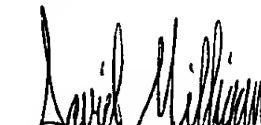
The following are enclosed for consideration in the above-identified application:

	FEE
<input type="checkbox"/>	Response to Notice to File Missing Parts
<input type="checkbox"/>	Response to Office Action mailed
<input type="checkbox"/>	Declaration: <input type="checkbox"/> Original; <input type="checkbox"/> Supplemental
<input type="checkbox"/>	Submission of Formal Drawings
<input type="checkbox"/>	Informal Drawings: _____ Sheets _____ Figures
<input type="checkbox"/>	Supplemental Information Disclosure Statement, Form PTO SB/08A, copy of International Search Report, and three (3) references
<input type="checkbox"/>	Amendment: <input type="checkbox"/> Preliminary; <input type="checkbox"/> § 116; <input type="checkbox"/> § 312; <input type="checkbox"/> Other
<input type="checkbox"/>	Petition for <input type="checkbox"/> -Month Extension of Time
<input type="checkbox"/>	Issue Fee: <input type="checkbox"/> Part B - Issue Fee Transmittal <input type="checkbox"/> Part C - Charge to Deposit Account
<input checked="" type="checkbox"/>	Notice of Appeal \$330.00
<input type="checkbox"/>	Appeal Brief
<input type="checkbox"/>	Request for Oral Hearing
<input type="checkbox"/>	Reply Brief
<input type="checkbox"/>	Terminal Disclaimer
<input type="checkbox"/>	An additional claim fee is required, and is calculated as shown below
<b>TOTAL FEES BEING SUBMITTED</b>	
	\$330.00

	Claims Remaining	Claims Paid For	Extra	Rate	Fee
Total Claims			0	x \$18.00	\$
Independent Claims			0	x \$86.00	\$
Multiple Dependent Claims (if applicable)				\$	\$
				<b>TOTAL EXCESS CLAIMS FEE</b>	<b>\$</b>
SMALL ENTITY TOTAL (if applicable)					\$ .00

The Commissioner is hereby authorized to charge payment of any additional filing fees required under 37 CFR § 1.16 and § 1.17 associated with this communication or credit any overpayment to the deposit account of Hunton & Williams, Deposit Account Number 50-0206.

Respectfully submitted,

  
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By: \_\_\_\_\_  
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